

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::**

Regular

**Subject Matter::**

Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::**

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::**

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::**

METHODS FOR WORF IMPROVEMENT

**Attorney Docket Number::**

PANA-01022US3

**Request for Early Publication?::**

**Request for Non-Publication?::**

**Suggested Drawing Figure::**

6

**Total Drawing Sheets::**

10

**Small Entity?::**

No

**Latin name::**

**Variety denomination name::**

**Petition included?::**

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::**

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship</b>	
<b>Country::</b>	United States
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Thorsten
<b>Middle Name::</b>	
<b>Family Name::</b>	Schmidt
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Milpitas
<b>State or Province of Residence::</b>	California
<b>Country of Residence::</b>	United States
<b>Street of mailing address::</b>	542 Alexander Way
<b>City of mailing address::</b>	Milpitas
<b>State or Province of mailing address::</b>	California
<b>Country of mailing address::</b>	United States
<b>Postal or Zip Code of mailing address::</b>	95035

## **Correspondence Information**

<b>Correspondence Customer Number::</b>	23910
<b>Phone number::</b>	(415) 362-3800
<b>Fax Number::</b>	(415) 362-2928
<b>Email address::</b>	srm@fdml.com, jlohr@fdml.com

## **Representative Information**

<b>Representative Customer Number::</b>	23910
---	-------

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	an application claiming the benefit under 35 USC 119(e)	60/437,108	December 30, 2002

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::